



Thomasson Company
P O Box 490
Philadelphia, MS 39350

Phone: 601.656.6000
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Attn: Andrew Mangialardi
andrew@thomassoncompany.com

Application for Credit Terms
(Please Type or Print)

Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone: _____
E-mail: _____ Ext: _____
Fax: _____

Please provide Thomasson Company with your most current financial statements.

TRADE REFERENCES

Name: _____
Address: _____
Phone #: _____ Fax: # _____ Email Address: _____
Contact: _____ (Preferred)

Name: _____
Address: _____
Phone #: _____ Fax: # _____ Email Address: _____
Contact: _____ (Preferred)

Name: _____
Address: _____
Phone #: _____ Fax: # _____ Email Address: _____
Contact: _____ (Preferred)

Bank Reference

Bank: _____
Address: _____
Phone #: _____ Fax: # _____ Email Address: _____
Contact: _____ Account #: _____

By my signature below, I hereby authorize the above companies or bank to mail, fax, or communicate by telephone any credit information needed to set up an open account with Thomasson Company.

Date: _____ Signed: _____